

CHILD'S RECORD SHEET for

SHELTER CARE FACILITY

(Name)

Child's Name _____ Race _____ Sex _____ Age _____

School _____ Grade _____

Specific Reason for Placement _____

Child's Caseworker _____ Emergency Telephone _____

Observable physical and emotional state of child at admission _____

Person(s) permitted contact _____

Person(s) denied contact _____

Visits child receives (dates and by whom) _____

Positive behaviors during placement _____

Negative behaviors during placement _____

Medical care / treatment during placement _____

Other information _____

Observable physical and emotional state of child at discharge _____

Admission Date _____ Time _____	Discharge Date _____ Time _____
Admitted by _____	Discharged to _____
Agency _____	Agency _____
Received by _____	Discharged by _____

Copy to County Department of Human Resources planning for child

DHR-809

Revised September 2002

